

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090703

Entity Name: 441 MAGNOLIA, LLC

FILED  
May 06, 2009  
Secretary of State

**Current Principal Place of Business:**

441 NORTH CENTRAL AVENUE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 620744  
OVIEDO, FL 32762 US

**New Mailing Address:**

FEI Number: 26-0838639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WALKER, TODD D  
10 WINDSORMERE WAY  
SUITE 200  
OVIEDO, FL 32765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANDALWOOD INVESTMENTS, INC.  
Address: 751 FLORIDA AVENUE  
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM ( ) Delete  
Name: MAGNOLIA, LLC  
Address: 400 WEST STATE ROAD 434  
City-St-Zip: OVIEDO, FL 32765 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL SCHULTZ

MGRM

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date